Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	
DHS- Charolae Mental Health Name of Department or Office 1251 West Codow Loo Mailing Address 12 235 2594  Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Katelyn Matheny	
Mailing Address (If different from above) KMOTHEN @ CHS. State IA, US	Cify, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
Name  Mailing Address  City, State, Zio Code	\$ UN @
Mailing Address City, State, Zip Code  Area Code & Telephone Number	Date of Gift or Bequest  *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	receiving department of office. If no value mark 0.00 .
Provide a description of the gift or bequest and purpose thereof:	
Two bags of used chirls/wor	mens cloming.
Criteria to use this form:	V
Receipt of any gift or bequest that is received by any department of the state	or received by the Governor on behalf of the state.
Statement of Affirmation:  Katelun Mathen affirm that the gift or bequest reported above is	accurate. I further affirm that the information concerning the donor and